



General Assembly

January Session, 2015

Raised Bill No. 1052

LCO No. 4527



Referred to Committee on INSURANCE AND REAL
ESTATE

Introduced by:
(INS)

***AN ACT CONCERNING MAXIMUM ALLOWABLE COST LISTS AND
DISCLOSURES BY PHARMACY BENEFIT MANAGERS.***

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2015*) (a) As used in this
2 section, (1) "maximum allowable cost" means the maximum amount a
3 pharmacy benefits manager will reimburse a pharmacy for a
4 prescription drug, and (2) "maximum allowable cost list" means a list
5 of prescription drugs for which a maximum allowable cost has been
6 established by a pharmacy benefits manager.

7 (b) (1) Each pharmacy benefits manager shall, prior to placing a
8 prescription drug on a maximum allowable cost list, determine that
9 (A) there are at least three nationally available generic drugs that are
10 therapeutically equivalent to such drug, (B) such drug has been
11 designated as therapeutically equivalent to other pharmaceutically
12 equivalent products with an "A" code or as "AB" in the most recent
13 edition or supplement of the federal Food and Drug Administration's
14 Approved Drug Products With Therapeutic Equivalence Evaluations,
15 and (C) such drug is available for purchase by pharmacies in this state

16 from national or regional wholesalers and is not obsolete or
17 temporarily unavailable. As used in this subparagraph, "obsolete"
18 means a prescription drug that may be listed in national drug pricing
19 compendia but is no longer actively marketed by the manufacturer or
20 labeler.

21 (2) Each pharmacy benefits manager shall remove a prescription
22 drug from a maximum allowable cost list not later than three business
23 days after such drug no longer meets or the pharmacy benefits
24 manager becomes aware that such drug no longer meets a requirement
25 under subdivision (1) of this subsection.

26 (c) Each contract entered into, renewed or amended on or after
27 October 1, 2015, between a pharmacy benefits manager and a
28 pharmacy or a pharmacy's contracting representative or agent shall
29 disclose (1) the methodology and sources used by such pharmacy
30 benefits manager to determine the maximum allowable costs for
31 prescription drugs on each maximum allowable cost list for such
32 pharmacy, (2) the process used by the pharmacy benefits manager to
33 notify such pharmacy of any updates to the maximum allowable cost
34 lists for such pharmacy, and (3) the procedures for the pharmacy to
35 contest the maximum allowable cost of a prescription drug.

36 (d) Each contract entered into, renewed or amended on or after
37 October 1, 2015, between a pharmacy benefits manager and a plan
38 sponsor shall disclose (1) the methodology and sources used by such
39 pharmacy benefits manager to determine the maximum allowable
40 costs for prescription drugs on each maximum allowable cost list for
41 such plan, and (2) if the pharmacy benefits manager uses a maximum
42 allowable cost list for prescription drugs dispensed at retail but not for
43 prescription drugs dispensed through a mail order pharmacy, such
44 fact.

45 (e) Each pharmacy benefits manager shall:

46 (1) Provide an updated maximum allowable cost list to a plan

47 sponsor whenever there is a change to any such list under such plan;

48 (2) Disclose to a plan sponsor in writing, if a pharmacy benefits
49 manager implements the use of a maximum allowable cost list other
50 than as was disclosed to such plan sponsor under subdivision (2) of
51 subsection (d) of this section, the implementation of such use not later
52 than twenty-one business days after such implementation;

53 (3) Disclose to a plan sponsor whether such pharmacy benefits
54 manager uses the identical maximum allowable cost list to bill the plan
55 sponsor as when such manager reimburses in-network pharmacies. If
56 the pharmacy benefits manager uses multiple maximum allowable cost
57 lists for such purposes, such manager shall disclose to a plan sponsor
58 any difference between the amount such manager bills the plan
59 sponsor for a prescription drug and the amount such manager
60 reimburses to any pharmacy for such drug;

61 (4) Update each maximum allowable cost list at least every seven
62 calendar days and promptly notify and make available to each in-
63 network pharmacy any updated list applicable to such pharmacy; and

64 (5) Establish an appeals process for a pharmacy to contest the
65 maximum allowable cost of a prescription drug in accordance with the
66 provisions of subsection (f) of this section. Each pharmacy benefits
67 manager shall provide to each in-network pharmacy information
68 concerning the appeals process, including the telephone number and
69 other contact information of an individual who is responsible for
70 processing such appeals for such manager.

71 (f) (1) A pharmacy may contest the maximum allowable cost of a
72 prescription drug based on one or both of the following grounds:

73 (A) The prescription drug does not meet a requirement under
74 subdivision (1) of subsection (b) of this section; or

75 (B) The maximum allowable cost established by the pharmacy
76 benefits manager for the prescription drug is below the cost at which

77 such drug is available for purchase from national or regional
78 wholesalers.

79 (2) A pharmacy contesting the maximum allowable cost of a
80 prescription drug shall file an appeal with the pharmacy benefits
81 manager not later than sixty calendar days after filing its submission
82 for the initial claim for reimbursement for such drug. The pharmacy
83 benefits manager shall investigate and issue a determination of such
84 appeal not later than seven calendar days after such manager receives
85 such appeal.

86 (A) If the pharmacy benefits manager determines the appeal is
87 denied, such manager shall provide to the pharmacy the reason for the
88 denial and the national drug code of a therapeutically equivalent
89 prescription drug that is available for purchase by pharmacies in this
90 state from national or regional wholesalers at a price that is equal to or
91 less than the maximum allowable cost for the prescription drug that is
92 the subject of the appeal.

93 (B) If the pharmacy benefits manager determines the appeal is valid,
94 such manager shall (i) adjust the maximum allowable cost for such
95 prescription drug retroactively to the date of the initial claim
96 submission, and (ii) adjust such maximum allowable cost for all
97 similarly situated in-network pharmacies not later than five business
98 days after making such determination.

99 (g) In addition to any other penalty provided by law, a pharmacy
100 benefits manager that violates any provision of this section may be
101 fined not less than one thousand dollars for each violation.

102 Sec. 2. Section 38a-479aaa of the general statutes is repealed and the
103 following is substituted in lieu thereof (*Effective October 1, 2015*):

104 As used in this section and sections 38a-479bbb to 38a-479iii,
105 inclusive, and section 1 of this act:

106 (1) "Commissioner" means the Insurance Commissioner;

107 (2) "Department" means the Insurance Department;

108 (3) "Drug" means drug, as defined in section 21a-92;

109 (4) "Person" means person, as defined in section 38a-1;

110 (5) "Pharmacist services" includes (A) drug therapy and other
111 patient care services provided by a licensed pharmacist intended to
112 achieve outcomes related to the cure or prevention of a disease,
113 elimination or reduction of a patient's symptoms, and (B) education or
114 intervention by a licensed pharmacist intended to arrest or slow a
115 disease process;

116 (6) "Pharmacist" means an individual licensed to practice pharmacy
117 under section 20-590, 20-591, 20-592 or 20-593, and who is thereby
118 recognized as a health care provider by the state of Connecticut;

119 (7) "Pharmacy" means a place of business where drugs may be sold
120 at retail and for which a pharmacy license has been issued to an
121 applicant pursuant to section 20-594; and

122 (8) "Pharmacy benefits manager" or "manager" means any person
123 that administers the prescription drug, prescription device, pharmacist
124 services or prescription drug and device and pharmacist services
125 portion of a health benefit plan on behalf of plan sponsors such as self-
126 insured employers, insurance companies, labor unions and health care
127 centers.

128 Sec. 3. Section 38a-479hhh of the general statutes is repealed and the
129 following is substituted in lieu thereof (*Effective October 1, 2015*):

130 (a) The commissioner may conduct investigations and hold hearings
131 on any matter under the provisions of sections 38a-479aaa to 38a-479iii,
132 inclusive, as amended by this act, and section 1 of this act. The
133 commissioner may issue subpoenas, administer oaths, compel
134 testimony and order the production of books, records and documents.
135 If any person refuses to appear, to testify or to produce any book,

136 record, paper or document when so ordered, upon application of the
137 commissioner, a judge of the Superior Court may make such order as
138 may be appropriate to aid in the enforcement of this section.

139 (b) Any person aggrieved by an order or decision of the
140 commissioner under sections 38a-479aaa to 38a-479iii, inclusive, as
141 amended by this act, and section 1 of this act may appeal therefrom in
142 accordance with the provisions of section 4-183.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2015</i>	New section
Sec. 2	<i>October 1, 2015</i>	38a-479aaa
Sec. 3	<i>October 1, 2015</i>	38a-479hhh

INS *Joint Favorable*

GL *Joint Favorable*